

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Petitioner/Plaintiff.

Case Number:

Name of Respondent/Defendant.

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR DEFERRAL OR
WAIVER OF SERVICE OF PROCESS
COSTS**

STATE OF ARIZONA)
COUNTY OF _____) **ss**

STATEMENTS MADE TO THE COURT UNDER OATH. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

I have requested a deferral or waiver of the following fees in my case:

☐ **Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):

☐ I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.

☐ It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):

☐ An enforceable injunction against harassment has been granted to me against the person to be served.

☐ **Fees for publication:** In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person (**check and complete any that apply**):

☐ This is what I did to try to find the other party (explain):

☐ I have contacted the person(s) listed below to try to find the location of the other party.

NAME

ADDRESS

SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: _____

Signature: _____

Print Your Name: _____

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, as of (date) _____, the last known address of the person to be served was: _____.

(Street Address, City and State)